

AOC-INT-1 AP PART IX
12-04 SECTION 14
Page 1 of 2
Commonwealth of Kentucky
Court of Justice www.kycourts.net



STATEMENT FOR
INTERPRETING SERVICES

Invoice No. _____
Service Date: _____
_____ of _____ (invoice(s) continued)
Certification No. _____
[] Visual [] Spoken

Language Interpreted _____ Dialect of the Language _____

Interpreter's Name _____	Portal Address (if different from billing address) _____
Billing Address _____	_____
_____	_____
SSN No. or Fed. ID No. _____	Phone Number _____

AOC Internal Use Only	Org/ Suborg _____	Function _____	Rept Cat _____	Activity _____
Subtotal _____	Miles _____	Grand Total _____	Initials _____	

Total # of Cases: _____ [] Check if billing for a 24 Hour Cancellation or a No Show

Total Interpreting Time _____ x \$ _____ (Uniform Payment Rate) = \$ _____ (+)

Total Parking (Attach receipt(s) to Invoice): \$ _____ (+)

Total Other Expenses (Attach receipt(s) to Invoice) : \$ _____ (+)

Travel Time and mileage can be billed if traveling outside of your County Subtotal: \$ _____ (=)

Total travel time _____ X \$ _____ (Uniform Payment Rate for travel) = \$ _____ (+)

Odometer reading (Start _____ End _____)

Total Mileage \$ _____ (cents) x _____ (miles) = \$ _____ (+)

GRAND TOTAL: \$ _____ (=)

INVOICE(S) SHALL BE SUBMITTED WITHIN 7 DAYS OF THE SERVICE BEING PROVIDED. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN DELAY.

I hereby state the information provided on this form and the payment requested is true to the best of my knowledge. Each charge is supported by relevant orders and receipts. **NO OTHER INVOICE HAS BEEN SUBMITTED FOR THESE SERVICES.**

Date: _____, 2_____. _____ Interpreter Signature

Services Continued to _____ (County Name) and _____ (Invoice number).

Services Continued from _____ (County name) and _____ (Invoice number).

Team Interpreting _____ (Name of person you Interpreted with).

VERIFICATION OF APPOINTING/REQUESTING AUTHORITY

[] Party(s) [] Witness(es) [] Juror(s) being [] deaf/hard of hearing [] unable to speak the English language, and the assistance of an interpreter being required for [] **court proceeding** OR
[] **direct services** to the court/circuit clerk/AOC, the charges incurred in the above case(s) are approved for payment.

Print Name of Requesting Authority _____

Signature of Appointing/Requesting Authority: _____

County: _____

[] Presiding Judge [] Chief Judge

[] Circuit Clerk [] AOC Manager

Date: _____, 2_____. _____

[] COJ Designee (Title) _____

Contact Person _____ **Assignment Phone Number** _____

Assignment Location_____

Court Room No. _____ **City** _____ **KY Zip** _____

Submit separate form for each Date/ Language/ County/ Court Level/ Video Arraignment/ AOC Department

Service Provided To (*See note)		Judge's Name	Case Number	Caption of the Case ____ vs. ____ (See Docket)	Person Requiring Interpretation	P=Party J=Juror W=Witness	Enter Start Time Below
							Am Pm
							Enter End Time Below
							Am Pm

* Services To: **CC** Circuit Court, **DC** District Court, **FC** Family Court, **DR** Drug Court, **PS** Pretrial Services, **CDW** Court Designated Worker, **OT** Other COJ Services.

Time Subtotal

If

Time Subtotal is less than 2 hours, per the Uniform Payment Rate a 2 hour minimum can be charged. If total time is over 2 hours, please round up to the nearest 15 minute increment.

.25 = 15 minutes, .5 = 30 minutes, .75 = 45 minutes, 1.0 = 1 hour

MAIL TO: AOC
Court Interpreting Services
100 Millcreek Park, Bldg. 11
Frankfort, KY 40601

(Transfer rounded time and number of cases to 1st page)

Invoices shall be processed no later than 30 business days from the date received.